

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Joseph A. Bobier

Filed: Herewith

For: "MISSING CYCLE BASED CARRIER MODULATION"

ASSISTANT COMMISSIONER FOR PATENTS  
WASHINGTON, D.C. 20231

jc511 U.S. PTO  
09/511470  
02/23/00



CERTIFICATE OF MAILING BY EXPRESS MAIL

"Express Mail" mailing label number EL 121679158 US

Date of Deposit: February 23, 2000

I hereby certify that this patent application, declaration and power, small entity status, assignment and recordation forms and check in the amount of \$910.00 is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above, addressed to: Box Patent Application, Assistant Commissioner for Patents, Washington, D.C. 20231.

  
Jane Keeney

Encs.

02/23/00  
JC386 U.S. PTO

PTO/SB/05 (4/98)

Approved for use through 09/30/2000. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. ICL 2-002

First Inventor or Application Identifier Joseph A. Bobier

Title Missing Cycle Based Carrier Modulation

Express Mail Label No. EL 121679158 US

jc511 U.S. PTO  
02/23/00

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	5. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification [Total Pages 30] (preferred arrangement set forth below)	6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
- Descriptive title of the Invention	
- Cross References to Related Applications	
- Statement Regarding Fed sponsored R & D	
- Reference to Microfiche Appendix	
- Background of the Invention	
- Brief Summary of the Invention	
- Brief Description of the Drawings (if filed)	
- Detailed Description	
- Claim(s)	
- Abstract of the Disclosure	
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 9]	7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) <input type="checkbox"/> Attorney
4. Oath or Declaration [Total Pages 39]	8. <input type="checkbox"/> English Translation Document (if applicable)
a. <input checked="" type="checkbox"/> Newly executed (original or copy)	10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 <input type="checkbox"/> Citations
b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed)	11. <input type="checkbox"/> Preliminary Amendment
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).	
12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
13. <input checked="" type="checkbox"/> * Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, (PTO/SB/09-12) <input type="checkbox"/> Status still proper and desired	
14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
15. <input type="checkbox"/> Other: .....	

**\*NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).**

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

Continuation  Divisional  Continuation-in-part (CIP) of prior application No: \_\_\_\_\_ / \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_ Group / Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**17. CORRESPONDENCE ADDRESS**

<input type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here)			or <input checked="" type="checkbox"/> Correspondence address below
Name	Gerald L. Smith Mueller & Smith, LPA			
Address	7700 Rivers Edge Drive			
City	Columbus	State	OH	Zip Code
Country	US	Telephone	(614) 436-0600	Fax (614) 436-0057

Name (Print/Type)	Gerald L. Smith	Registration No. (Attorney/Agent)	22,009
Signature	February 23, 2000		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

2-24-00

PTO/SB/17 (6/99)

Approved for use through 09/30/2000. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE1023/00  
U.S. PTO

<b>FEET TRANSMITTAL</b>		Complete if Known			
<b>for FY 1999</b>		Application Number			
Patent fees are subject to annual revision. Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.		Filing Date	Herewith		
TOTAL AMOUNT OF PAYMENT (\$ 910.00)		First Named Inventor	Joseph A. Bobier		
		Examiner Name			
		Group / Art Unit			
		Attorney Docket No.	ICL 2-002		

09/511470  
02/23/00

<b>METHOD OF PAYMENT</b> (check one)				<b>FEET CALCULATION</b> (continued)			
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:				3. ADDITIONAL FEES			
Deposit Account Number	13-4830			Large Entity	Small Entity	Fee Description	Fee Paid
Deposit Account Name	Mueller and Smith, LPA			Fee Code (\$)	Fee Code (\$)		
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17				105	130	205	65
				127	50	227	25
				139	130	139	130
				147	2,520	147	2,520
				112	920*	112	920*
				113	1,840*	113	1,840*
				115	110	215	55
				116	380	216	190
				117	870	217	435
				118	1,360	218	680
				128	1,850	228	925
				119	300	219	150
				120	300	220	150
				121	260	221	130
				138	1,510	138	1,510
				140	110	240	55
				141	1,210	241	605
				142	1,210	242	605
				143	430	243	215
				144	580	244	290
				122	130	122	130
				123	50	123	50
				126	240	126	240
				581	40	581	40
				146	760	246	380
				149	760	249	380
				Other fee (specify) _____			
				Other fee (specify) _____			
SUBTOTAL (1) (\$ 345.00)				SUBTOTAL (3) (\$ 40.00)			
Reduced by Basic Filing Fee Paid							

<b>SUBMITTED BY</b>		Complete if applicable		
Name (Print/Type)	Gerald L. Smith	Registration No. (Attorney/Agent)	22,009	Telephone (614) 436-0600
Signature				Date February 23, 2000

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